Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known			
FEE TRANSMITTAL				Application Number 10/542,898			
				g Date	2/21/2006		
For FY 2009				First Named Inventor Pieter De Jong			
Applicant claims small entity status. See 37 CFR 1.27				niner Name	Theresa	Trieu	
				Art Unit 3748			
TOTAL AMOUNT OF PAYMENT (\$) 490,00			Atto	Attorney Docket 0702 - 052257			
METHOD OF PAYM	IENT (check all th	at apply)					
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information o information and authorizati		e public. Credit card	information sho	ould not be included or	n this form. Pro	ovide credit card	
FEE CALCULATION	(All the fees belo	w are due upon f	iling or may	be subject to a su	rcharge.)		
1. BASIC FILING, S	EARCH, AND E	XAMINATION I	FEES				
FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type	Fee (\$) Fee		Small Entity Fee (\$)	: <u>S</u> Fee (\$)	mall Entity Fee (\$)	Face	Paid (\$)
Utility	330 8		270	220	110	rees	I aid (5)
Design	220 11	0 100	50	140	70	**************************************	
Plant	220 11	0 330	165	170	85	-	
Reissue	330 16	5 540	270	650	325	-	
Provisional	220 11	0 0	0	0	0	***************************************	
2. EXCESS CLAIM FEES							Small Entity
Fee Description			Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues) 52							26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent cla						390	195
	• •	tra Claims	Fee (\$)	Fee Paid (\$)			Dependent Claims
HP = highest number of	total claims paid for,	0 x f greater than 20.	0 =			<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims	3 or HP Ex	tra Claims	Fee (\$)	Fee Paid (\$)		***************************************	
1	3 =	0 x	0 =				
HP = highest number of		id for, if greater than	3.				
3. APPLICATION S If the specification		eed 100 sheets of	paper (exclud	ling electronically	filed sequen	ce or computer listi	ngs under
37 CFR 1.52(c	e)), the application	size fee due is \$2'	70 (\$135 for s	small entity) for ea	ch additional	1 50 sheets or fraction	on thereof.
See 35 U.S.C. <u>Total Sheets</u>	41(a)(1)(G) and 3 Extra Sheets		r of each add	litional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
) =			nd up to a whole num		: <u>****</u>	= 1 cc 1 alu (3)
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							<u> </u>
Other (e.g., late filing surcharge): Petition for Two-Month Extension of Time							490.00
SUBMITTED BY							
Signature	1)	nd h be	$\frac{1}{2}$	egistration No.	28 400	Telephone 4	12-471-8815
	7		ryr+()	Attorney/Agent)	28,498		
Name (Print/Type)	i Kiçilard L. By	THE	//	•		Date Aug	ust 4, 2009